

**Collaboration, knowledge  
building and knowledge sharing  
in primary health care and social  
care chaplaincy**

**A knowledge workplace in The  
Netherlands**

Gaby Jacobs, Annelieke Damen, Carmen  
Schuhmann – and many other partners

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## Background

- In The Netherlands, healthcare chaplaincy is available by law for those people staying in healthcare institutions, e.g. hospitals, nursing homes and mental health institutes
- However, a growing area of healthcare and social care is provided for people living at home, such as the care by GPs, physiotherapists, social workers et cetera. This is financed by healthcare insurance or by the Social Support Act
- Up until recently, healthcare chaplaincy for people living at home was not available or financial compensation was difficult
- In 2019, a pilot has started with the funding of chaplaincy ‘at home’ including a research programme

## Knowledge workplace on chaplaincy 'at home'

- In October 2021, 15 organisations have started a national knowledge workplace:
  - 9 universities
  - 2 professional associations
  - 2 university medical centers
  - 1 social care foundation
  - 1 steering group for chaplaincy 'at home'
- Funding was provided by ZonMw, the organisation for health care research in The Netherlands



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## What is a knowledge workplace?

- It is a boundary organisation:
  - a network structure in which different worlds meet: **chaplains and other health care professionals, volunteers, clients, educators, researchers and policy makers;**
  - in which learning takes place across individuals and organisations;
  - and in which knowledge is built, shared and disseminated in a coordinated way;
  - leading to outcomes that could not be achieved by an individual or organisation separately.

(Engestrom, 2018; Akkerman & Bakker, 2011)

- Different role for universities: ‘the fourth generation university’ closely collaborates with healthcare organisations in building knowledge and improving practice (Garretsen et al, 2021)

## The knowledge workplace Chaplaincy ‘at home’

- **Aim:** The professional development of health and social care chaplaincy for people living at home; in close collaboration with other professionals in health and social care.
- **Three main activities:**
  1. building a platform for collaboration and knowledge building/sharing
  2. developing a learning community, based in 10 learning networks and specific chaplaincy interventions
  3. outcome research based on existing data and data from the 10 learning networks



## 1. A platform for knowledge sharing and collaboration

**Aim:** creating a ‘knowledge infrastructure’ linking chaplaincy practice-education-research

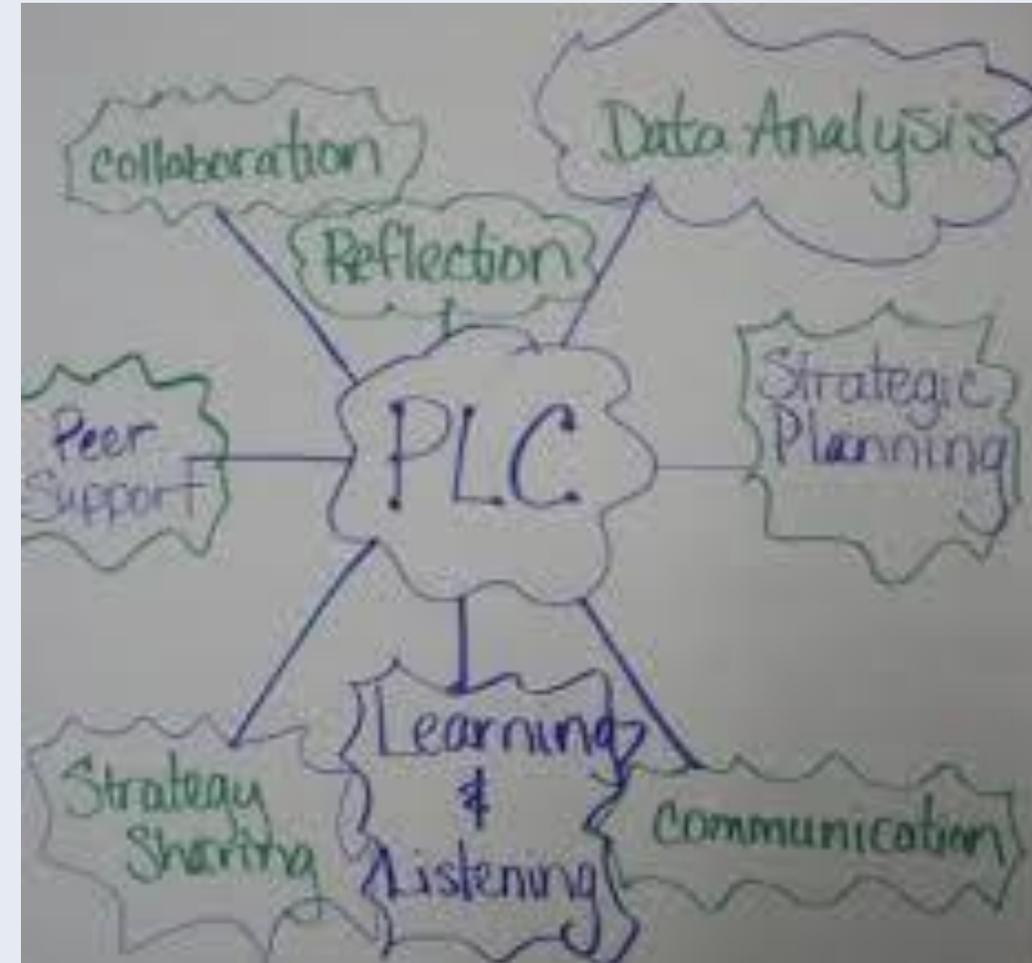
Three main activities:

- Meetings (physical & online) for knowledge sharing and collaboration in chaplaincy ‘at home’
- Building a knowledge base & signpost for finding knowledge products about chaplaincy ‘at home’, e.g. training materials, interventions, publications
- Developing a national research agenda for chaplaincy ‘at home’

## 2. Learning community

**Aim:** to develop new or to test existing chaplaincy interventions (including training/education) for people living at home & to foster transdisciplinary learning and collaboration

Definition of a learning community: a group of individuals who: (1) engage in ongoing collaborative activities to identify and work towards common goals, (2) co-construct, share, and disseminate knowledge, and (3) share and reflect on individual practices. (Tan and Caleon 2016, p. 127)



## The learning community consists of 10 regional learning networks

10 learning networks built around marginalized groups, diversity in regions, topics and partners involved:

- meet 10 times in two years' time; in between they develop, reflect, report etc.
- work interdisciplinary and include clients as well
- set their own learning goals and research question
- are guided by a coordinator (often a chaplain) and chairperson (from a university)
- participate in two umbrella meetings for learning
- participate in the outcome research as part of the Knowledge Workplace

Multilevel collaboration:

- Learning community: national level
- Learning networks: regional/local level



## Learning community



### 3. Outcome research



- ‘Every activity, every enquiry, every practice aims at some good’ (MacIntyre, 2007). What is the change chaplains aspire to?
- Two research aims:
  - 1. A database with chaplaincy interventions
    - Manual description of chaplaincy interventions
  - 2. A patient reported outcome measure
    - 50 interviews with chaplaincy clients
    - Two focus groups with chaplains and others
    - Literature review, case-studies

# 1. Manual description of chaplaincy interventions

## Handleiding beschrijving werkwijzen geestelijke verzorging en zorg voor zingeving



### 1. → Doelgroep → → → → ¶

Wat is de doelgroep van de werkwijze? Beschrijf kenmerken van de doelgroep die relevant zijn voor de werkwijze, bijvoorbeeld leeftijd, geslacht en/of gender, sociaaleconomische status, geografische locatie, etnische/culturele/religieuze achtergrond, taal, vaardigheden, functie. Beschrijf ook de in- en/of exclusiecriteria, bijvoorbeeld de ernst van het probleem, opleidingsniveau, cognitieve competenties. Geef aan of bij de selectie een instrument wordt gebruikt, bijvoorbeeld een signaleringstool. ¶

*Begin hier met schrijven.* ¶

*Voorbeeld: de doelgroep is patiënten met vergevorderde kanker die palliatieve zorg ontvangen. De werkwijze is geschikt voor patiënten van achttien jaar en ouder met een levensverwachting van zes maanden of langer. Exclusiecriteria zijn een functiestatus waarbij al veel medische hulp nodig is, onvoldoende beschikking over de Nederlandse taal en een psychiatrische diagnose.* ¶

Annelieke Damen  
 Anja Visser  
 Carmen Schuhmann  
 Sujin Rosie  
 Niels den Toom  
 Voorzitters en coördinatoren leernetwerken

## 2. A patient reported outcome measure

- 50 interviews with chaplaincy clients: chronically ill, mental disability, homeless. Did something change for you during or after the contact with the chaplain? Would this change have happened without the chaplain?
- Literature review, case-studies
- Two focus groups with chaplains and others: Do you recognize these goals? Would you like to add a goal? On the basis of
  - Visser et al. (in press): worldview vitality and plausibility, processing life events, deepening spirituality, relational affirmation, well-being, and exercising freedom of religion.
  - Results interviews and literature



## Questions for dialogue

- Is chaplaincy 'at home' available in your country or area and if so, what does it look like? (for whom, how financed, collaboration with other health professionals?)
- (How) do you feel the professional identity of chaplaincy 'at home' is different from the spiritual care given by other healthcare professionals?
- What collaborations take place in your country/area to develop and share knowledge of healthcare chaplaincy? On what topics and what forms do they take?
- Would you be interested in developing a European 'knowledge workplace' for healthcare chaplaincy 'at home'?

## References

- Akkerman, S. F., & Bakker, A. (2011). Boundary crossing and boundary objects. *Review of Educational Research*, 81, 132-169.
- Engestrom, Y. (2008) *From Teams to Knots: Activity-theoretical studies of collaboration and learning at work*. New York: Cambridge University Press.
- Garretsen, H., Goor, I. van de & D. van de Mheen (2021). Dutch experiences in new partnerships between science and practice in health promotion: toward a fourth-generation university. *Health Promotion International*, 1-9. <https://doi.org/10.1093/heapro/daab194>
- MacIntyre, A. (2007). *After virtue: A study in moral theory* (3rd ed.). London: Bloomsbury.
- Visser, A., Damen, A., Schuhmann, C. (in press). The goals of chaplaincy care: a scoping review of Dutch literature. *Journal of Healthcare Chaplaincy*.